

UNIFORM DEBT-MANAGEMENT SERVICES BIOGRAPHICAL STATEMENT & CONSENT FORM

FORM MU2-DMS INSTRUCTIONS

A. GENERAL INSTRUCTIONS

1. **FILING** – Form(s) MU2-DMS must accompany Form MU1-DMS, the Uniform Debt-Management Services form. Each individual identified as a *control person* for the *applicant* on Schedule A of Form MU1-DMS, must complete Form MU2-DMS. An *applicant* must also refer to *jurisdiction*-specific requirements published by each *jurisdiction* in which it is applying. Some *jurisdictions* may require biographical information about people that do not fit the *control person* definition, like a branch manager. Such *jurisdictions* may therefore request a Form MU2-DMS with other filings. Additionally, *applicants* must update the roster of *control persons* on Form MU1-DMS by filing a Schedule C, thus requiring additional MU2-DMS forms.
2. **EMPLOYMENT REPRESENTATION** – The employment representation section must be completed by an authorized representative of the *applicant*.
3. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
4. **DATES** – The filing date is the date *applicant* submits this form to the *jurisdiction(s)*. The desired effective date is the date *applicant* would like the license/registration or amendment to become effective. Review published *jurisdiction*-specific requirements for effective date expectations.
5. **AMENDMENTS** – The *applicant* must update biographical information as required in each *jurisdiction* by submitting amendments using Form MU2-DMS. On Form MU2-DMS, circle or otherwise identify the item being amended. Complete only items 1(A) and 1(I), as well as the information that is being amended. Review published *jurisdiction*-specific requirements concerning the return of the prior original license/registration document when submitting the amended Form MU2-DMS.

B. FILING INSTRUCTIONS

1. **FORMAT**
 - A. Each individual identified as a *control person* on Schedules A or C must complete Form MU2-DMS. A fully completed Form MU2-DMS for each *control person* is required to be submitted to each *jurisdiction* along with the *applicant's* initial Form MU1-DMS. Form MU2-DMS also accompanies Schedule C when reporting new *control person(s)*. The *applicant* should review published *jurisdiction*-specific requirements for additional specific filing requirements using Form MU2-DMS providing biographical information about non-*control persons*.
 - B. Type all information.
 - C. Use only the current version of Form MU2-DMS or a reproduction of it.
 - D. The Acknowledgment & Consent section must include notarized original manual signature.
 - E. The Debt-Management Services Employment Representation section must include original manual signature.
 - F. Employment history, item 6: provide the full legal name of the company, beginning with your current employer. For the purposes of this history, include both 1099 independent contractor assignments as well as W-2 status employment.
2. **ATTACHMENTS** - Review published *jurisdiction*-specific for required attachments including but not limited to:
 - A. Review published *jurisdiction*-specific instructions concerning attachments in PDF or alternative formats.
 - B. Two Fingerprint Cards, if required by applicable *jurisdiction(s)*, per item 4 of Form MU2-DMS
 - C. Personal credit report, bond, or other demonstration of financial responsibility
 - D. E. Fees

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form MU2-DMS

1. GENERAL

APPLICANT – The debt-management services provider applying on or amending information on Form MU1-DMS (including schedules) or Form MU3. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

CONTROL – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or executive officer; (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; (iii) in the case of an LLC, Managing Member; or (iv) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

CONTROL PERSON – An individual (a natural person) named on Form MU1-DMS in Item 1A or in Schedules A, B, or C that directly or indirectly exercises *control* over the *applicant*.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, any territory of the United States, or any subdivision or regulatory body thereof.

PERSON – An individual, partnership, corporation, trust, LLC, or other organization.

2. FOR THE PURPOSE OF ITEM 8

CHARGED – Being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).

ENJOINED – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

FELONY – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

FINANCIAL SERVICES OR FINANCIAL SERVICES-RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to; acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, real estate salesperson or agent, closing agent, title company, or escrow agent).

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

FOUND – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

INVOLVED – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act or omission.

MISDEMEANOR – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

ORDER – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

PROCEEDING – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

FORM MU2-DMS- DMS	BIOGRAPHICAL STATEMENT & CONSENT UNIFORM DEBT-MANAGEMENT SERVICES FORM					
		Date of filing (MM/DD/YYYY):		Desired Effective Date (MM/DD/YYYY):		
License Number information (if applicable) is optional. Use additional sheets if necessary.	License #	<i>Jurisdiction</i>	License #	<i>Jurisdiction</i>	License #	<i>Jurisdiction</i>
	License #	<i>Jurisdiction</i>	License #	<i>Jurisdiction</i>	License #	<i>Jurisdiction</i>
<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> AMENDMENT <i>To amend, circle or identify items being amended.</i>						
1. Individual's identifying information:						
(A) Full last, first and middle names:						
Last Name	First Name	Full Middle Name	Suffix (if any)			
(B) Social Security Number: _____		(C) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				
(D) Date of Birth (MM/DD/YYYY) _____		(E) State/Province of Birth: _____		(F) Country of Birth: _____		
(G) List all names(s) , other than your legal name, you have used or are using, or by which you are or were known since the age of 18. This field should include for example, nicknames, aliases, and names used before or after marriage. (Use additional sheets as necessary).						
Name _____	Name _____	Name _____	Name _____			
(H) For amendments only: If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation:						
Last Name	First Name	Full Middle Name	Suffix (if any)			
(I) Employer Name (Debt-Management Services Provider):						
(J) Office of Employment address: (do not use a P.O. Box) check this box.				<input type="checkbox"/> If this address is your private residence,		
Number & Street	City	State / Province & Country		Zip+4 / Postal Code		
(K) Current Residence address (if different from employment address):						
Number & Street	City	State / Province & Country		Zip+4 / Postal Code		
(L) Telephone Numbers and e-mail address:						
() Business Phone	() Cell Phone (optional)	() Fax Line (optional)		e-mail address (optional)		
2. Individual's Acknowledgment & Consent:						
I swear or affirm that I have executed this form before a Notary Public, of my own free will and:						
(A) I have read and understand the items and instructions on this form;						
(B) My answers (including attachments) are true and complete to the best of my knowledge;						
(C) I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers;						
(D) I authorize all my current and former <i>employers</i> , law enforcement agencies, and any other <i>person</i> to furnish to any <i>jurisdiction</i> , or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former <i>employers</i> , complete reasons for my termination;						
(E) I have read and understand applicable federal and state law, and will be in compliance at all times;						
(F) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis.						
Notary seal here	Date (MM/DD/YYYY)		Signature of individual			
	Signed or attested before me: _____		by _____			
	Print Notary Public name		Print individual's name			
	on this _____	day of _____,	_____	at _____		
	Date	Month	Year	State	County	
	Notary Public signature		Notary Appointment Expires (MM/DD/YYYY)			
Individual's Acknowledgment & Consent must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.						

Applicant full legal name: _____

Individual's full legal name: _____

3. Employment Representation:

To the best of my knowledge and belief, the *control person* is currently bonded where required, and, at the time of approval, this individual will be familiar with the statutes, regulations, and rules of the *jurisdiction(s)* with which this application is being filed, and will be fully qualified for the position for which application is being made herein. I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application. I have provided the individual an opportunity to review the information contained herein and the individual has approved this information and signed the form.

_____ by _____
 Company Name Signature of authorized party Print Name and Title of authorized party

***Employment Representation must always be completed in full with original, manual signature.
 Affix notary stamp or seal where applicable.***

4. Fingerprint Information filing representation:

☐ I represent that I am submitting, have submitted, or promptly will submit to the appropriate jurisdiction(s) two fingerprint cards as required.

☐ I am applying for a debt-management services provider license/registration only in jurisdiction(s) that do not require me to submit fingerprint cards.

5. Residential History: Starting with current address (item 1K), give all addresses for the past 10 years. (Attach additional sheets as necessary.)

From (MM/YYYY)	To (MM/YYYY)	Street Address	City	State or Province	Zip or Postal Code	Country

6. Employment History: Provide complete employment history for the past 10 years. Account for all time including full & part-time employments, self-employment, military service, and homemaking. Also include periods such as unemployed, full-time student, extended travel, etc. Indicate by "YES" or "NO" whether this employment was *financial service-related* business. (Attach additional sheets as needed.)

From (MM/YYYY)	To (MM/YYYY)	Employer (company name)	Position Held	City	State or Province	Country	YES or NO?

Applicant full legal name: _____

Individual's full legal name: _____

<p>7. Other Business: Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non-<i>financial services-related</i> activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.) If YES, provide the following details: the name of the other business; whether the business is <i>financial services-related</i>; the address of the other business; the nature of the other business; your position, title, or relationship with the other business; the start date of your relationship; the approximate number of hours per month you devote to the other business; and briefly describe your duties relating to the other business. (Attach additional sheets as needed.)</p> <p>Details:</p>	<p>YES</p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p>
<p>8. Disclosures: If the answer to any of the following is "YES", provide complete details of all events or proceedings in an attachment. Refer to the explanation of terms section of the instructions for explanations of italicized terms.</p>		
<p style="text-align: center;">Financial Disclosure</p> <p>(A) Within the past ten years:</p> <p>(1) have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition?</p> <p>(2) based upon events that occurred while you exercised <i>control</i> over any organization, have any filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?</p> <p>(B) Has a bonding company ever denied, paid out on, or revoked a bond for you?</p> <p>(C) Do you have any unsatisfied judgments or liens against you?</p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p style="text-align: center;">Criminal Disclosure</p> <p>(D) Have you ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i>?</p> <p>(2) been <i>charged</i> with any <i>felony</i>?</p> <p>(E) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i>?</p> <p>(2) been <i>charged</i> with any <i>felony</i>?</p> <p>(F)</p> <p>(1) Have you ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services or a financial services-related business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?</i></p> <p>(2) Are there pending charges against you for a <i>misdemeanor as described in 8(F)(1)?</i></p> <p>(G) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor specified in 8(F)(1)?</i></p> <p>(2) been <i>charged</i> with a <i>misdemeanor specified in 8(F)(1)?</i></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

Individual's full legal name: _____

Regulatory Action Disclosure	YES	NO
(H) Has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> ever:		
(1) <i>found</i> you to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) <i>found</i> you to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) <i>found</i> you to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an <i>order</i> against you in connection with a <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) denied, suspended, or revoked your registration or license, disciplined you, or otherwise by <i>order</i> , prevented you from associating with a <i>financial services-related</i> business or restricted your activities?	<input type="checkbox"/>	<input type="checkbox"/>
(6) barred you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in a <i>financial services-related</i> business?	<input type="checkbox"/>	<input type="checkbox"/>
(7) issued a final <i>order</i> based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(I) Have you ever had an authorization to act as an attorney, accountant, or State or federal contractor that was revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(J) Are you now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 8(H) or 8(I)?	<input type="checkbox"/>	<input type="checkbox"/>
Civil Judicial Disclosure		
(K) (1) Has any domestic or foreign court ever:		
(a) <i>enjoined</i> you in connection with any <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(b) <i>found</i> that you were <i>involved</i> in a violation of any <i>financial services-related</i> statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against you by a State, federal, or <i>foreign financial regulatory authority</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are you named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 8K(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Customer Arbitration/Civil Litigation Disclosure		
(L) Have you ever been named as a respondent/defendant in a <i>financial services-related</i> consumer-initiated arbitration or civil litigation which:	<input type="checkbox"/>	<input type="checkbox"/>
(1) is still pending; or		
(2) resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action; or	<input type="checkbox"/>	<input type="checkbox"/>
(3) was settled for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
Termination Disclosure		
(M) Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accused you of:	<input type="checkbox"/>	<input type="checkbox"/>
(1) violating statute(s), regulation(s), rule(s), or industry standards of conduct?		
(2) fraud, dishonesty, theft, or the wrongful taking of property?	<input type="checkbox"/>	<input type="checkbox"/>